



# Affordable Care Act §1557/504 Grievance Procedure

## DISCRIMINATION IS AGAINST THE LAW.

Madison Medical Center (MMC) complies with applicable federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, religion, individual's inability to pay, sex, sexual orientation or gender identity. MMC has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557/504 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 C.F.R. pt.t 92, issued by the U.S. Department of Health and Human Services.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, age, disability, religion, individual's inability to pay, sex, sexual orientation or gender identity, may file a grievance under this procedure. It is against the law for MMC to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

A grievance can be submitted to:

Chief Operations Officer (Section 1557/504 Coordinator) 611 West Main Street, Fredericktown, MO 63645, 1-573-783-3341, Fax 1-573-783-1096, Email: mmc@madisonmedicalcenter.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Administration, Section 1557/504 Coordinator, can assist you.

## How to File a Grievance

- Grievances must be submitted to the Section 1557/504 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557/504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557/504 Coordinator will maintain the files and records of MMC relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557/504 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557/504 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557/504 Coordinator by writing to the Administrator of MMC within 15 days of receiving the Section 1557/504 Coordinator's decision. The Administrator of MMC shall issue a written decision in response to the appeal no later than 30 days after its filing.



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- The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, age, disability, religion, individual's inability to pay, sex, sexual orientation or gender identity, with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Tel. No. (800) 368-1019 TDD (800) 537-7697.

Complaint forms are available at: [www.hhs.gov/ocr/complaints/index.html](http://www.hhs.gov/ocr/complaints/index.html). Such complaints must be filed within 180 days of the date of the alleged discrimination.

MMC will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters or assuring a barrier-free location for the proceedings. The Section 1557/504 Coordinator will be responsible for such arrangements.

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## Madison Medical Center's Affordable Care Act Language Assistance

**(Language Line Solutions: 1-800-752-6096)**

### **SPANISH**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-752-6096 (TTY: 1-800-752-6096).

### **CHINESE**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-752-6096（TTY：1-800-752-6096）。

### **VIETNAMESE**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi 1-800-752-6096 (TTY: 1-800-752-6096).

### **KOREAN**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-752-6096 (TTY: 1-800-752-6096)번으로 전화해 주십시오.

### **RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-1-800-752-6096 (телетайп: 1-800-752-6096).

### **FRENCH**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-752-6096 (ATS : 1-800-752-6096).

### **PORTUGUESE**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-752-6096 (TTY: 1-800-752-6096).

### **GERMAN**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-752-6096 (TTY: 1-800-752-6096).

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## **PERSIAN/FARSI**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-752-6096 تماس بگیرید. (TTY: 1-800-752-6096)

## **SERBO-CROATIAN**

**OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-752-6096 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-752-6096).

## **ARABIC**

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-752-6096 (رقم هاتف الصم والبكم: 1-800-752-6096)

## **AMHARIC**

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-752-6096 (መስማት ለተሳናቸው፡ 1-800-752-6096)።

## **PENNSYLVANIAN DUTCH**

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-752-6096 (TTY: 1-800-752-6096).

## **TAGALOG**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-752-6096 (TTY: 1-800-752-6096).

## **CUSHITE/OROMO**

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-752-6096 (TTY: 1-800-752-6096).